

AGENCY WEEKLY TASK SHEET



Client Name (First, Last)		Client Location				Type of Service		
Duration of Services		Staff Completing Task sheet						
DAYS WORKED		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		/ /	/ /	/ /	/ /	/ /	/ /	/ /
TIME IN								
TIME OUT								
PROVIDER STAFF INITIAL								
CLIENT INITIALS								
TOTAL HOURS								
Companion Sitter Services (Non-hands on services)	Shopping Errands/ Change linen							
	Mop floor/ wash dishes/ Vacuum							
	Transportation to doctor/dentist							
	Community Integration							
	Skill Development / Medication Reminders							
	Meal Preparation, Meal Planning/ Cooking/Feeding							
	Laundry/ Empty Trash							
	Dusting/Shopping							
	Other:							
Personal Care Services (Hands on Services)	Dressing, grooming/ Wash hair							
	Ambulation and Mobility /Bed transfer							
	Medication reminders only							
	Assist to toileting/ Assist with bedpan							
	Diaper changing							
	Vital signs							
	Cut toenails Non -Diabetic							
	Assist with Oral Hygiene							
	Assist with mobility							
	Bed Bath / Tub Bath							
	Apply lotion to back/ feet							
	Other:							

Nursing Services	Medication Management							
	Intravenous therapy: antibiotics							
	Bowel Program and record monitoring							
	Wound Care							
	Managing urine catheters							
	Fluids managing through tube feeding							
	Observe skin conditions							
	Insulin injections							
	(BP, pulse rate, temperature, respiration rate)							
	Treatment of decubitus ulcers or other widespread skin disorder;							
	Range of motion exercises:							
	Sterile irrigation or replacement							
	Patient education services							
	Pain Management							
	Nutritional Counseling and Assessment							
Ostomy Management								

**** Staff is responsible for turning in task sheets to the agency office i-monthly, task sheets need to be accurate and timely. ** If staff cannot drop off to the agency office they need to mailed priority tracking "only" and received by no later than Monday of each week.**

Staff Printed Name	Staff Signature	Date
Client Print	Client Signature	Date
Payee/Rep Print	Payee/Rep Signature	Date
Agency Administrator that reviewed task sheet		Date